

555 new

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name Greene Sharlene
(Last) (First) (Initial)

Prisoner Number (UGF)-477 (PFN)

Institutional Address 5325 Broder Blvd Dublin, Ca.

FILED

AUG 20 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

Ms. Sharlene Greene
(Enter the full name of plaintiff in this action.)

CV 08

3986

Case No. _____
(To be provided by the Clerk of Court)

vs.
Alameda County Jail
Santa Rita Jail Prison Health Svs.
5325 Broder Blvd.
Dublin, Ca. 94568
(Enter the full name of the defendant(s) in this action)

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983**

PJH

E-filing

(PR)

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Alameda County Jail (Santa Rita Jail)

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

COMPLAINT

08-3986 PJH

1 1. Informal appeal _____
2 _____
3 _____

4 2. First formal level _____
5 _____
6 _____

7 3. Second formal level _____
8 _____
9 _____

10 4. Third formal level _____
11 _____
12 _____

13 E. Is the last level to which you appealed the highest level of appeal available to
14 you?

15 YES () NO (X)

16 F. If you did not present your claim for review through the grievance procedure,
17 explain why. Because I'm using Prison Health Svc's, and this situation cannot
18 be handled, dealt with, or accommodated with the limits of Santa Rita
19 County jail.

20 II. Parties.

21 A. Write your name and your present address. Do the same for additional plaintiffs,
22 if any.

23 Ms. Sharlene GREENE
24 _____
25 _____

26 B. Write the full name of each defendant, his or her official position, and his or her
27 place of employment.

28 Samada County Sheriff's Dept, Santa Rita Co. jail

COMPLAINT

SEE page "3"

Malpractice ^{AND}/or Mental Anguish

III. Statement of Claim.

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON 01 July 2008 I WAS SUMMONED TO THE (SICK CALL) NURSE'S OFFICE APPROX. 1000 HRS REGARDING A PAINFUL LUMP IN MY LEFT BREAST. AFTER IT WAS DISCOVERED THAT MY BP (BLOOD PRESSURE) WAS HIGH AND MY TEMP WAS 100° I WAS IMMEDIATELY ESCORTED TO OBGYN. LET ME REMIND YOU MY VITALS WERE TAKEN 3X'S. I HAD NO MAMMOGRAM, NO X-RAY NOTHING, I THEN WAS TAKEN TO THE INFIRMARY AT APPROX 1330 HRS TO A MAN BY THE NAME DR. ARAMBURU, AT HIS REQUEST I LAID DOWN RAISED MY SHIRT, THE DOCTOR DID EXAMINE THE LUMP AND INSTANTLY DECIDED HE'D LANCE IT. I DIDN'T AGREE TO THIS PROCEDURE, ~~EXAMER~~ SIGNED A CONSENT AND WHEN I WENT TO PUSH HIS HAND AWAY HE CONTINUED BY THIS TIME I WAS SLICED OPEN, HE DID REMOVE SOME TISSUE NO ANESTHETIC WAS GIVEN, NO PAIN MEDICINE, NO EXPLANATION. I WAS IN EXERCUCIATING PAIN AS I AM NOW, THERE WAS NOT EVEN A CULTURE DONE, THE UNIFORM SHIRT I WAS WEARING WAS UNSANITARY AS WELL AND I WAS DENIED A REPLACEMENT, I BELIEVE ALL THESE ALLEGATIONS ARE TRUE TO THE BEST OF MY ABILITY. I RECEIVED NO ANNESTHIA THROUGHT ALL OF THIS NOTHING FOR PAIN OR NUMBNESS.

IV. Relief.

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

I HAVE SUFFERED MENTALLY FOR THIS AND I SEEK MENTAL HEALTH THERAPY, I SEEK ANY AND ALL FINANCIAL ASSETS I CAN BE ALLOTTED WITHIN LEGAL REASONING, I REQUEST A FULL PLEDGE INVESTIGATION

1 OF THIS CLAIM AND THAT I BE COMPENSATED TO THE FULLEST
2 _____
3 _____
4 _____

5 I declare under penalty of perjury that the foregoing is true and correct.

6
7 Signed this 7th day of July, 2008

8
9 X Sharlene Greene

10 (Plaintiff's signature)
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

**ALAMEDA COUNTY SHERIFF'S DEPARTMENT
SANTA RITA JAIL
INMATE GRIEVANCE FORM**

NAME: GREENE, SHARLENE PFN: UGF477
HOUSING UNIT: 25 SO. (D2) LOWER DATE: 7/05/08

NATURE OF GRIEVANCE: (Give specific details)

ON JULY 1, 2008 AT APPROXIMATELY 10:00 AM I WAS CALLED TO SICK-CALL CONCERNING A LUMP ON MY BREAST DISCOVERED BY ME. VITALS AND EXAMINATION WERE DONE. I WAS THEN ESCORTED TO OBGYN, AGAIN, VITALS AND EXAMINATION WAS DONE. I WAS LATER ESCORTED TO THE INFIRMARY, AGAIN VITALS WERE TAKEN. BETWEEN THE HRS OF 1300 - 1330 HRS. I MET WITH DR. ABBAMBURD, AFTER EXAMINATION, HE DECIDED TO LANCE THIS UNKNOWN LUMP. NO X-RAYS WERE DONE TO DETERMINE HOW CLOSE THIS LUMP / SPIDER BITE (WHO KNOWS WHAT IT WAS) WAS TO MY HEART. I BEGAN TO TRY TO TELL HIM ABOUT A BIOPSY THAT WAS DONE AT VALLEY MEMORIAL IN (2005). HE INTERRUPTED ME PUSHED MY HAND AWAY, TWO FEMALE ASSISTANTS (NAMES UNKNOWN) HELD MY WRIST DOWN AND WITHOUT NOVICANE (FOR NUMBNESS) (OR LOCAL ANESTHESIA) HE USED A SHARP OBJECT AND SLICED MY BREAST OPEN AND PRESSED EXTREMELY HARD CAUSING EXCRUCIATING PAIN, NOT TOTALLY SATISFIED, HE SLICED AGAIN AND PRESSED AGAIN. ONCE COMPLETED NO CULTURE WAS DONE TO DETERMINE JUST WHAT WAS REMOVED. NO X-RAYS, NO MAMMOGRAM, NO CULTURE, NO LOCAL ANESTHESIA.

*** DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

SIGNATURE: Sharlene Greene

*** DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY ***

RECEIVED BY DEPUTY: P. GAIKER BADGE #: 1902 DATE: 7/7/08

[] RESOLVED-INMATE ACCEPTANCE: X CAN NOT BE RESOLVED AT THIS LEVEL
Explain resolution on reverse side. Draw tracking number from CR-11

FORWARDED TO SGT. B. QUIN TRACKING NUMBER: D86-81097

Copies: White - Staff Use
Yellow - Inmate Receipt Copy

ML-51 (rev 5/94)

INMATE GRIEVANCE RESPONSE**COPY**GRIEVANCE TRACKING NUMBER: **08G-S1097**INMATE: Greene, Sharlene PFN: UGF477 HOUSING UNIT LOCATION: 25 D 26GRIEVANCE IS AFFIRMED: _____ DENIED: X WITHDRAWN: _____ RESOLVED: _____ REFERRED: _____

If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):

These findings are based on a review of your grievance dated July 5, 2008.

In your grievance, you made the following claim(s):

1) On 070108, you were treated for a lump on your breast by PHS. You feel the treatment you received was wrong.

Response: The Grievance Unit presented your grievance to PHS (Prison Health Services). The following contains input from both PHS and the Grievance Unit.1) PHS stated that on 070108, you were evaluated and treated for an abscess. The Grievance Unit found no evidence to support your claim that the treatment you received was incorrect. Your grievance is **DENIED**.**COPY**Investigating Supervisor: M. Molloy, SergeantDate: 7/23/08Inmate's Signature: Sharlene GreeneDate: 7/26/08Do you wish to appeal this ruling? Yes _____ No X Refused to Answer _____Date: 7/26/08

Appeal Officer: _____ Recommendation: _____

Date: _____

Reason for affirmation or denial: (If different from above)

Commanding Officer: LT. J. FARRRecommendation: APPROVEDate: 07/29/08ML52
(Rev.01/01/05) kab**ENTERED AUG - 1 2008**

Sharlene Greene

PFN UGF477

Santa Rita County Jail

5325 Broder Blvd.

Dublin, CA 94568

RECEIVED

AUG 20 2008

THOMAS W. HESTON
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

[Handwritten signature]

CLERK OF THE UNITED STATES
450 GOLDEN GATE AVENUE
BOX 36060
SAN FRANCISCO, CA

94102

[illegible]